

REC'D JUN 15 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

## PLACE OF DEATH

County Jackson  
Township John A. Han  
City Blue Springs

Registration District No. 395  
Primary Registration District No. 4232B

File No. 18436  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Living

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 7-1866

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
71 0 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired minister  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany13. NAME Felix Nottrott14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Marie Selph16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT Mrs L. Nottrott  
(ADDRESS) Blue Springs, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Springs DATE 6-1-3819. UNDERTAKER R. Burk  
(ADDRESS) Blue Springs, Mo.

20. FILED \_\_\_\_\_, 19 \_\_\_\_\_ Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31, 193822. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 1938, to May 31, 1938.

I last saw h. in alive on May 30, 1938. Death is said to have occurred on the date stated above, at 9:00 a.m.

The principal cause of death and related causes of importance were as follows:

Acidosis from malnutrition

Date of onset

Other contributory causes of importance:

epilepsy - five years ago with ch. confined h. to bed

Name of operation none Date of \_\_\_\_\_What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) F. Nottrott, M. D.357 (Address) Blue Springs, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION important.



FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

18436

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 395  
 (b) Township Blue Springs Primary Registration District No. 4232  
 (c) City Blue Springs (d) Street No. 1st St.  
 (e) Length of residence in city or town where death occurred 1 yrs. 1 mos. 0 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Rev. Karl W. Nattrott

(a) Residence, No. 130 St. Mo  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31, 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wife

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1938 to May 31, 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 7 1866

I last saw him alive on May 30, 1938. Death is said to have occurred on the date stated above, at 9 A. M.

7. AGE YEARS 71 MONTHS 10 DAYS 24 If LESS than 1 day, hrs. or min.

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired  
 9. Industry or business in which work was done, as saw mill, bank, etc. minister  
 10. Date deceased last worked at this occupation (month and year) Retired  
 11. Total time (years) spent in this occupation Retired

acidosis from Malnutrition

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

Other contributory causes of importance: apoplexy three years ago which confined him to bed.

13. NAME Karl W. Nattrott

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Marie Gulpk.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs. L. J. Nattrott Blue Springs Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Springs Mo DATE 6-1 1938

19. FUNERAL DIRECTOR (ADDRESS) R. B. Webb Blue Springs Mo

20. FILED July 12 1938 F. W. Tuttle Local Registrar.

Name of operation none Date of none  
 What test confirmed diagnosis? none Was there an autopsy? none

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? none Date of injury none, 1938  
 Where did injury occur? none (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none  
 Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? none  
 If so, specify none  
 (Signed) F. W. Tuttle, M. D.  
 (Address) Blue Springs Mo

CAUSE: I AM IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

